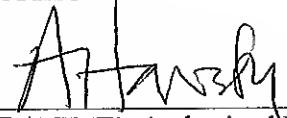



SIGNATORIES TO THIS AGREEMENT


GRANTEE's Authorized Representative
April Haverty, JD
Director, Grants and Contracts

11/20/2015
Date

Agency DUNS No.

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| 9 | 3 | 7 | 6 | 3 | 9 | 0 | 6 | 0 |
|---|---|---|---|---|---|---|---|---|


GRANTOR's Authorized Representative
Chuck J. Warzecha
Administrator / Deputy Administrator, Division of Public Health
Department of Health Services

12/10/15
Date

CARS PAYMENT INFORMATION

The information below is used by the DHS's Bureau of Fiscal Services, CARS Unit to facilitate the processing and recording of payments made under this Agreement.

Agency Name: Medical College of Wisconsin

Grant Agreement #, if applicable: 30215

Total Grant Agreement Amount:
\$845,849

| Agency Number | Agency Type | Grant Agreement Period | Profile ID Number | Grant Agreement Amount | Program Name (abbreviate) | If applicable, add any additional Profile Notes |
|------------------------------|-------------|------------------------|-------------------|------------------------|---------------------------|---|
| 148197 | 690 | 10/1/15- 9/30/16 | 159354 | \$845,849 | PREP | |
| | | | | \$ | | |
| | | | | \$ | | |
| | | | | \$ | | |
| | | | | \$ | | |
| | | | | \$ | | |
| | | | | \$ | | |
| | | | | \$ | | |
| | | | | \$ | | |
| | | | | \$ | | |
| Grant Agreement Amount Total | | | | \$845,849 | | |

There will be no pre-payments issued with this contract.

Match Required: No If Yes, Profile ID# Amount: \$